Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury

OMB No 1545-0047

Do not enter social security numbers on this form as it may be made public.
► Go to www.lrs.gov/Form990 for instructions and the latest information.

Open to Public

Intern	al Reven	nue Service	► Go to	<i>www.irs.gov/Form990</i> for inst	tructions and the	latest info	ormation.		Inspection		
Α	For the	e 2017 calend	lar year, or tax year begi	nning	.2	017, and er	nding		, 20		
		applicable	C Name of organization THE					\neg	D Employer identification no.		
	Address							一[- -		
		-	Doing business as				T_** .		46-3188719		
	Name ch	-		oox if mail is not delivered to street addres	s)		Room/suite	I	E Telephone number		
=	initial retu	etum PO BOX 22163									
=	Final retu	um/termmated	City or town, state or provinc	e, country, and ZIP or foreign postal code				I.	G Gross receipts		
	Amended	d return	PHOENIX, AZ 85	5028				i	s <u>431,839</u>		
	Application	on pending	F Name and address of princip	ad officer KRISTIN HORS	MAN	4-	H(a) is this a group	return fo	or subordinates? Yes X No		
			SAME AS C ABOV	/E		n <	H(b) Are all subor				
	Tay.ovor	ript status	501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or	-//-/			a list. (see instructions)		
) 4 (IISBRTIO.) 4947(a)(1)	<u>и 52/</u>	<i></i>			•		
	Website		THEJOYBUS.ORG		 				number •		
		organization X		ssociation Unther	L Year of	formation 2	013 <u>M</u> State	of lega	al domicile AZ		
Pa	ert i	Summar					· ·				
	1	Briefly descr	ibe the organization's mis	sion or most significant activities	THE JOYB	US SOLE	PURPOSE IS	TO	RELIEVE THE		
_	1	DAILY ST	RUGGLES OF HOMEB	OUND CANCER PATIENTS	WITH A FRES	SH CHEF	INSPIRED M	ZAL	AND A FRIENDLY		
Governance		FACE.									
鞷	Ţ	= =====				,					
9	2	Check this h	ov b [] if the organizativ	on discontinued its operations or	disposed of more	than OE9/	of its not assets				
Ĝ	1		_	•	•			_	1		
વ્ય	3			verning body (Part VI, line 1a)	• • • • • • •			3			
Activities &	4			ers of the governing body (Part \		• • • • •	• • • • • • •	4	7		
풀	5	Total numbe	r of individuals employed	in calendar year 2017 (Part V, li	ne 2a)		• • • • • • •	5	0		
뮹	6	Total number	r of volunteers (estimate i	f necessary)				6	100		
•	7a	Total unrelat	ted business revenue from	Part VIII, column (C), line 12				7a	9,287		
	Ь							7b	0		
	 -	Troc dill'olate	a baomood taxabio moom	2 110 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• • • • • • • •			,,,,			
		ماند خانداد	(D-+ \(()) iii.	- 463		-	Prior Year		Current Year		
	8		s and grants (Part VIII, line	•		-		,17			
Ž	9	Program ser	rvice revenue (Part VIII, lir	, 26:	3 424,952						
Revenue	10	Investment is	ncome (Part VIII, column (0						
æ	11	Other reveni	Je (Part VIII, column (A), !	ines 5, 6d, 8c, 9c, 10c, and 11e)	• • • • • • •		(40	, 514	4) (81,140		
	12	Total revenu	e - add lines 8 through 11	(must equal Part VIII, column (A	\). line 12)	[204				
	13			IX, column (A), lines 1-3)				,	010,011		
	14		- '			-	·				
മ	1	-	•	IX, column (A), line 4)		-	<u> </u>		<u> </u>		
	15	•		e benefits (Part IX, column (A),	•		123	, 28	7 235,662		
	16a	Professional	fundraising fees (Part IX,	, column (A), line 11e)					0		
÷ 5	b	Total fundra	ising expenses (Part IX, c	olumn (D), line 25) ▶		0					
<u>_</u> 0	17	Other expen	ses (Part IX, column (A), I	ines 11a-11d, 11f-24e)				8:	99,924		
מח	18	Total expens	ses. Add lines 13-17 (mus	st equal Part IX, column (A), line	25)	[123	- 369	335,586		
	19			18 from line 12	-			, 55			
و_حز			Carriero Carriero IIII								
Net Assets of		T-4-1 :	(Deat V. Bres. 40)			 -	Beginning of Current		End of Year		
_ '89	20		(Part X, line 16)	• • • • • • • • • • • • • • • •	• • • • • • •	· • • • • <u> </u>		, 14			
-4.	21	Total liabilitie	es (Part X, line 26)	• • • • • • • • • • • • • • • •	• • • • • • • •		18	, 35	7 4,306		
~ ž	22	Net assets of	r fund balances. Subtrac	t line 21 from line 20	<u> </u>		33	,78	6 35,769		
Pa	rt II	Signatu	re Block								
Und	er penalt	ies of perjury, i de	clare that I have examined this ref	turn, encluding accompanying schedules a	nd statements, and to t	ne best of my k	cnowledge and belief, it	IS	000 014		
true	, correct,	and complete De	claration of preparer (other than o	fficer) is based on all information of which	preparer has any know	lédge			DSO-SHI		
		A PRIC	MIN HODOWAN					ļ			
Sig	ın	: -	TIN HORSTMAN	<i></i>				<u> </u>			
		1						Date			
He	re		TIN HORSTMAN, PR	es ident	- 				3-15.78 =		
		Type or	print name and title								
		Print/Type pre	aparer's name	Preparer's signature	Date		Check X	rf	Curre		
Pai	d	Pamela	·	Pamela Smith	b4-2	5-2018	sett-employe	- 1	P00955174		
	epare			ness Consulting	P=-2.				14		
	-				· · · · · · · · · · · · · · · · · · ·		Firm's E!N ▶				
US	e Onl	y Firm's addres		Ray Road Suite 4 334			Phone no	!	E5-679		
		l		r AZ 85226			48	30-7	629-73 771-4567		
Mav	the IR	S discuss this	return with the preparer s	hown above? (see instructions)					∏ Yes ⊠ No		

Form 990 (2017)

Form	n 990 (2017) THE JOYBUS INC 46	-3188719	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	• • • • •	🛮
1	, Briefly describe the organization's mission:		
	THE JOYBUS SOLE PURPOSE IS TO RELIEVE THE DAILY STRUGGLES OF HOMEBOUND CANCER PA	ATIENTS W	A HTI
	FRESH CHEF INSPIRED MEAL AND A FRIENDLY FACE.		
	Did the appropriation and state on a similar to a second or design the second of the second of the second or design to the sec		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ v _{ee} 1	51 Ma
	If "Yes," describe these new services on Schedule O.	.∐ ies i	A INO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
•	Services?	.∏ Yes I	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 228,614 including grants of \$) (Revenue \$		<u>,952</u>)
	THE JOYBUS SERVED OVER 2000 MEALS. ACQUIRED OWN KITCHEN IN JULY 2016, THE CAFE I		D_IN
	JULY 2016. FUNDRAISING EFFORTS WITH ROCK THE BUS 75 PARTICIPANTS; STRIKE OUT CA	NCER 50	
	PARTICIPANTS; ; AZ FOOD & WINE FESTIVAL BRUNCH 100 PARTICIPANTS.		
			
			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$_)
		·	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 228,614		

46-3188719 Form 990 (2017) THE JOYBUS INC Part IV **Checklist of Required Schedules** No Yes 1 . Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues. assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If X Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted X endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," X b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more X c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11**f** 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate

foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

If "Yes," complete Schedule G, Part III.

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on

Did the organization report more than \$15,000 of gross income from garning activities on Part VIII, line 9a?

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other

15

16

17

X

X

X

X

X

15

16

17

18

19

Form 990 (2017) Page 4 THE JOYBUS INC 46-3188719 Part IV Checklist of Required Schedules (continued) No 20a , Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or $\mathbf{X}_{\underline{}}$ 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No." go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): 28a X

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31

was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34

If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 19? Note. All Form 990 filers are required to complete Schedule O.

X

X

X

X

X

X

X

X X

X

X

28b

28c

30

31

32

33

35a

35b

36

35a

Form 990 (2017) THE JOYBUS INC 46-3188719 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ı
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	- [
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- 1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	- 1		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	X
10	Section 501(c)(7) organizations. Enter:		[
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:]
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
Ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u> </u>	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<u> </u>	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans		[
C	Enter the amount of reserves on hand		L	<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	K BV-s B has it filed a Form 700 to repet these payments? If Rais B provide on avalanation in Cabadula O	146	i	I

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X Each committee with authority to act on behalf of the governing body? 8b X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? X 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X 12b ь Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c 13 Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Arizona Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year 20 State the name, address, and telephone number of the person who possesses the organization's books and records JENNIFER CARAWAY (623)433-6294, PO BOX 22163, PHOENIX, AZ 85028

Form 990 (20	17) THE JOYBUS INC	46-3188719 Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Hi	ghest Compensated Employees, and
	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	<u> </u>
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if neither the organization nor any relate					C)					
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)					ו	(D) Reportable compensation from	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	hours for related organizations below dotted tine)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
1) BRUCE ST JAMES DIRECTOR		х							0	
(2) GIO OSSO DIRECTOR		x							0	
3) TRACY DEMPSEY DIRECTOR		х							0	
9 Kristin Horstman DIRECTOR		x							0	
5) KRISTIN HORSTMAN PRESIDENT				X					0	
5) DANIEL RUBEN, MD VICE PPRESIDENT				x					o	
7) LAURA MARTIN SECRETARY				X					0	
[8]										
9)										
10)										
(11)										
12)										
13)										
14)										

·	Name and title	Average hours per week (list any hours for related	(do not check more than one box, unless person is both a officer and a director/trustee on holy of the property of the proper					Former	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	π a		Estimated amount of other impensation from the	
		organizations below dotted tine)	individual trustee or director	Inetitutional truetee	7	Key employee	Highest compansated employee	31	(W-2/1099-MISC)			and	anızatıor d related anizatıon	1
(15)														
(16)														_
(17)														
(18)											1			
(19)														-
(20)									i					
(21)					-									
(22)														
(23)											\dashv	-,		
(24)					ļ.—.				<u> </u>					
(25)								-						
1b	Sub-total	L			<u> </u>	L				ļ	\dashv			
c	Total from continuation sheets to Part VII, Section	nA						•						
d	Total (add lines 1b and 1c)								L. — — —	d	0			0
2	Total number of individuals (including but not limited	d to those list	ed abo	ove)	who	rec	eived	more	e than \$100,000 of		_			
	reportable compensation from the organization										0	_	Yes	No
3	Did the organization list any former officer, director	r. or trustee.	kev ei	olam	ovee	. or l	hiahes	st co	mpensated		ſ		165	140
-	employee on line 1a? If "Yes," complete Schedule										.	3		X
4	For any individual listed on line 1a, is the sum of rep													
	organization and related organizations greater that													
	individual									• • • • • •	٠	4		X
5	Did any person listed on line 1a receive or accrue of	=		-								5		X
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete S	cneau	e J	ior s	ucn	perso	<u> </u>	· · · · · · · · · · · ·		•	<u> </u>	L	
1	Complete this table for your five highest compensate	d independe	nt cont	racto	ors t	hatr	eceive	ed m	ore then \$100.000					
	compensation from the organization. Report compenser.	-												
	(A)								(B)				(C)	
	Name and business address								Description of	services	ļ	Comp	ensatio	n
														

(A)	(B)	(C)
Name and business address	Description of services	Compensation
		i
	L	

Total number of independent contractors (including but not limited to those listed above) who 2 received more than \$100,000 of compensation from the organization

•		Check if Schedule O contains a respons			(A) Total revenue	(B) Related or exempt tunction revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns	1a			ļ		
	b	Membership dues	1b		1			
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	10		ì			
a g	đ		1d		1	1		
E E	е	Government grants (contributions)	1e					
e e	f	All other contributions, gifts, grants,						
ਉੱਡੇ		and similar amounts not included above	11		ľ	•		
SE	9	Noncash contributions included in lines 1a						
	h	Total. Add lines 1a-1f	• • •	· · · · · •				
_	ļ			Business Code		İ	·	
anne	2a	DONOR CONTRIBUTIONS		900099	166,621	166,621		<u> </u>
79	b	DINER INCOME		900099	247,946	247,946		
8	C	CATERING		900099	7,985	7,985		
Program Bervice Revenue	d	SUB-LEASE DINER		900099	2,400		2,400	
Ē	е							
8	f	All other program service revenue	• • •					
	g	Total. Add lines 2a-2f		• • • • • •	424,952			
	3	Investment income (including dividends, int and other similar amounts)	terest,	_				
	4	Income from investment of tax-exempt bon		orle 🎍				
	5	Royalties	•	t t		·····		
	•	(i) Res		(ii) Personal				
	62	Gross rents		(b) Feisona	!			
	ı	Less rental expenses						
		Rental income or (loss)				,		
	,	Net rental income or (loss)			1			
	1					-		
	7a	Gross amount from sales of assets other than inventory	162	(īi) Other				
	١.	·						
	P	Less: cost or other basis and sales expenses					ı	
		Gain or (loss)						
		Net gain or (loss)						
•		Gross income from fundraising	• • • •					
20	-	events (not including \$						
Other Revenue		of contributions reported on line 1c)						
<u>~</u>	1	See Part IV, line 18	•					
툿	١.	Less: direct expenses						
•	1	Net income or (loss) from fundraising ever		▶				
	,	Gross income from gaming activities.	ιω -		 			
	-	See Part IV, line 19						
	h	Less direct expenses				į		
	1	Net income or (loss) from garning activities				ł		
	1	· · · · · ·						
	10a	Gross sales of inventory, less returns and allowances	•	}				[
		Less: cost of goods sold		88,027				
	1	Net income or (loss) from sales of inventor			(88,027)	(88,027		ļ
	<u> </u>	Miscellaneous Revenue	·y · ·	Business Code	(00,027)	(30,027	/	
	110	MISCELLANEOUS		900099	100	ļ	100	
		INSURANCE SETTLEMENT		900099	6,787		6,787	
	Į.	THEORES SETTIMENEST		300033	0,101		9,101	
	6	All other revenue						
	1	Total. Add lines 11a-11d			6,887			
	1	Total revenue. See instructions			343,812	334,525	9,287	
	,			<u> </u>				

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (D) Do not include amounts reported on lines 6b. 7b. Fundraismo 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Compensation of current officers, directors, 80,708 30,079 50,629 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 138,452 130,030 8,422 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes 16,502 12,044 4,458 Fees for services (non-employees): 11 432 432 Legal.... 908 454 454 1,670 1,670 Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) .. 12 3,761 530 3,231 Office expenses 13 8,603 423 8,180 14 15 16 51,235 48,083 3,152 6,149 17 6,149 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 Depreciation, depletion, and amortization 2,232 4,591 22 6,823 23 4,938 1,581 3,357 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) AUTOMOBILE 3,181 3,181 697 DUES LICENSES COMMUNICATION 3,850 3,153 d All other expenses 8,374 2,029 6,345 Total functional expenses. Add lines 1 through 24e . 335,586 228,614 106,972 0 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here > 4 if fallowing SOP 98-2 (ASC 958-720)

Balance Sheet

Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 20,901 Cash - non-interest-bearing 9,816 2 2 3 3 Pledges and grants receivable, net Accounts receivable, net 4 140 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 9 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D | 10a | 38,865 10c Less: accumulated depreciation 10b 8,746 31,242 30,119 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 52,143 16 40,075 Accounts payable and accrued expenses 17 9,544 1,389 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 8,813 25 2,917 Total liabilities. Add lines 17 through 25 18,357 26 4,306 Organizations that follow SFAS 117 (ASC 958), check here > | and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here > X and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 33,786 32 35,769 33 33,786 33 35,769

Total liabilities and net assets/fund balances

40,075

52,143

34

Form	1990 (2017) THE JOYBUS INC 46-318	<u> 88719</u>		Pa	<u>age 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. X
1	Total revenue (must equal Part VIII, column (A), line 12)			43,	
2	Total expenses (must equal Part IX, column (A), line 25)		3	35,	586
3	Revenue less expenses. Subtract line 2 from line 1			8,	226
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			33,	786
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)			(6,	243)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))			35,	769
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
				Yes	No
1	Accounting method used to prepare the Form 990:	Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	1	- }		1
	Schedule O.		- }		1
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	Γ			
	reviewed on a separate basis, consolidated basis, or both:	1	ı		
	Separate basis Consolidated basis Both consolidated and separate basis		ł		
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	Γ			Ī
	separate basis, consolidated basis, or both:	}]
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	- [- 1		
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in	[
	Schedule O.	1			
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1			i
	the Single Audit Act and OMB Circular A-133?		3a		X
Ŀ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	!	3b		1
EEA		ſ	Form	990 (2017)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2017 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

► Go to www.lrs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer Identification number

THE JOYBUS INC 46~3188719 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). П 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: X An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. c Type III functionally Integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (I) Name of supported organization (ID EIN (iii) Type of organization (Iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

THE JOYBUS INC Schedule A (Form 990 or 990-EZ) 2017 46-3188719 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 **(b)** 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 . . Section B. Total Support Calendar year (or fiscal year beginning in) ▶ **(b)** 2014 (a) 2013 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 % Public support percentage from 2016 Schedule A, Part II, line 14 15 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 20/17. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the fracts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test -2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1		1
2	Gross receipts from admissions, merchandise sold or services performed, or facilities turnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •				248,029	204,925	452,954
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities turnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				248,030	204,925	452,955
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						201
C	Add fines 7a and 7b						
8	Public support. (Subtract line 7c from			1	i		
<u></u>	tine 6.)	<u> </u>	L	_1	l		452,955
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6	(a) 2013	(1) 2014	(6) 2015	248,030	204,925	452,955
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)			0	248,030	204,925	452,955
14	First five years. If the Form 990 is for the o						. 89
80	organization, check this box and stop here ction C. Computation of Public Su			• • • • • • • • •	• • • • • • • •	• • • • • • • • •	▶ 🛚
<u>35</u> 15				<i>f</i>)		15	%
16			•	••••••	· · ·	16	
	ction D. Computation of Investme			· · · · · · · · · · · · · · · · · · ·	••••••		
17	Investment income percentage for 2017 (lin			column (f))		17	%
18	investment income percentage from 2016 S	= =	=	***	ř	18	
	33 1/3% support tests - 2017. If the organi 17 is not more than 33 1/3%, check this box	zation did not ched	ck the box on line	14, and line 15 is m	nore than 33 1/3%,		
þ	33 1/3% support tests - 2016. If the organi line 18 is not more than 33 1/3%, check this						▶□
20	Private foundation. If the organization did	-	-	•			

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete s A and D, and complete Part V.)

Sections A, D, and E. If you checked 12d of Part I, complete	Sections
Section A. All Supporting Organizations	

determine whether the organization had excess business holdings.)

ect	ion A. All Supporting Organizations		V	
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		\	
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
^	class or purpose, describe the designation. If historic and continuing relationship, explain.	1_		
2	Did the organization have any supported organization that does not have an IRS determination of status]	
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
_	organization was described in section 509(a)(1) or (2).	2	-	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
Ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	1		
	organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	1		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
þ	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		1
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination			1
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used		1	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action	1		[
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		1
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			•
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	ļ	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?		_	
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		ŀ
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	ł		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		1
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		l
¢	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	1	
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		1	<u> </u>
	supporting organizations)? If "Yes," answer 10b below.	10a		
Ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			ļ

Schedu	de A (Form 980 or 980-EZ) 2017 THE JUISUS THE 46-51687.	<u> </u>		aye J
Par	rt IV Supporting Organizations (continued)			
		_	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?]	
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		
_	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	TILE		
Sec	tion B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1		
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	organizations and imal conditions of foodisacris, it arry, applied to cost poriors doming the text year.			-
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		ł	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	- 1		
	or management of the supporting organization was vested in the same persons that controlled or managed	į		
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	x	1	l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			ŀ
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a	l		ŀ
	significant voice in the organization's investment policies and in directing the use of the organization's	İ		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	1	ļ
	supported organizations played in this regard. ction E. Type III Functionally Integrated Supporting Organizations		<u>i </u>	!
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	o inetru	tions	<u>, </u>
1 a				, .
_	The organization satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government ent	itv (see i	nstruc	tions).
2	Activities Test. Answer (a) and (b) below.	., ,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		T	
•	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b		<u>L</u>
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u></u>	

Schedule A (Form 990 or 990-EZ) 2017 THE JOYBUS INC		46-318	8719	Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or				
1 Check here if the organization satisfied the Integral Part Test as a qualifying				
. instructions. All other Type III non-functionally integrated supporting organi	zation	s must complete Section		
Section A - Adjusted Net Income		(A) Prior Year	1 '	rent Year ional)
1 Net short-term capital gain	1			
2 Recoveries of prior-year distributions	2			
Other gross income (see instructions)	3		1	
4 Add lines 1 through 3.	4			
5 Depreciation and depletion	5			
6 Portion of operating expenses paid or incurred for production or			1	
collection of gross income or for management, conservation, or			1	
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			·· · · · · · · · · ·
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8			
Section B - Minimum Asset Amount		(A) Prior Year	1 ' '	rent Year ional)
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):	ł		1	
a Average monthly value of securities	1a			
b Average monthly cash balances	1b			•
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			1
e Discount claimed for blockage or other	\top			
factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	777			
see instructions).	4		ł	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6		1	
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8	,	T	
Section C - Distributable Amount			Curren	t Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		-	
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4	······································		
5 Income tax imposed in prior year	5			
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\top		1	
emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally		rated Type III supporting	organization	on (see
instructions).	9	** ***		• =

Section D. line 7

Part VI See instructions.

b Excess from 2014

and 4c.

8 Breakdown of line 7: a Excess from 2013

c Excess from 2015 d Excess from 2016

e Excess from 2017

a Applied to underdistributions of prior years
b Applied to 2017 distributable amount
c Remainder. Subtract lines 4a and 4b from 4.

5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2018. Add lines 3j

. . . .

SCHEDULE D (Form 990)

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

11f, 12a, or 12b.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name	of the organization			Employer Identification number
THE	JOYBUS INC			46-3188719
Pa		sed Funds or Oth	er Similar Funds or Ac	counts.
	Complete if the organization answered "Ye			
		(a) Don	or advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor adviso	rs in writing that the	assets held in donor advised	1
	funds are the organization's property, subject to the org	-		
6	Did the organization inform all grantees, donors, and do			
	only for charitable purposes and not for the benefit of th		= =	
	conferring impermissible private benefit?			
Pa	t II Conservation Easements.			
L <u>-</u> =	Complete if the organization answered "\	es" on Form 990.	Part IV. line 7.	
1	Purpose(s) of conservation easements held by the orga			
•	Preservation of land for public use (e.g., recreation	•	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certi	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a	qualified conservation	n contribution in the form of	a conservation
	easement on the last day of the tax year.	quamos consontas		Held at the End of the Tax Year
а	Total number of conservation easements			
ь	Total acreage restricted by conservation easements			
~	Number of conservation easements on a certified histor			
ď	Number of conservation easements included in (c) acq		` '	
u		ured aner 1125/00, e		2d
3	Number of conservation easements modified, transferre			
3	tax year	eu, reieaseu, exurigu	isited, or terminated by the	organization during the
4	Number of states where property subject to conservation	on accoment is locat	ad b	
5	Does the organization have a written policy regarding the			
J	violations, and enforcement of the conservation easeme	•	- · ·	Yes No
•	Staff and volunteer hours devoted to monitoring, inspect			
6	Start and volunteer rious devoted to monitoring, inspect	ung, nanunng or viole	allors, and enlording conser	valion easements during the year
7	Amount of expenses incurred in monitoring, inspecting,	handling of violation	e and anforcing concentration	on accoments during the year
7	Amount of expenses incurred in monitoring, inspecting,	nationing of violation	s, and enforcing conservant	or easements during the year
	Does each conservation easement reported on line 2(d	() above caticfy the r	aguirements of section 170/	h\/4\/R\/i\
•	and section 170(h)(4)(B)(ii)?	•	•	
^	In Part XIII, describe how the organization reports cons			
9	balance sheet, and include, if applicable, the text of the		•	•
	organization's accounting for conservation easements.	roundle to the organ	azatoris ilitaticati statericin	is the describes the
Da	rt III Organizations Maintaining Collec	tions of Art His	etorical Trescures o	r Other Similar Assets
Га	Complete if the organization answered '			Outer official Assets.
10	If the organization elected, as permitted under SFAS 1:			ent and halance cheet
1a	works of art, historical treasures, or other similar assets		•	
	public service, provide, in Part XIII, the text of the footn	•		
_	•			
b	If the organization elected, as permitted under SFAS 1:	, , ,		
	works of art, historical treasures, or other similar assets	·	DINOIT, BUULANOIT, OF TESERIC	i in idialisates of
	public service, provide the following amounts relating to			. •
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(II) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historic			gain, provide the
	following amounts required to be reported under SFAS	, ,	•	
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

Par	t III Organizations Maintaining Collection	ctions of Art, h	listorical Tr	reasures, o	r Othe	r Similar As	sets (cor	<u>ntinue</u>	<u>d)</u>
3	Using the organization's acquisition, accession, and of	her records, check	any of the follow	wing that are a	signıfica	nt use of its			
•	collection items (check all that apply):								
a	Public exhibition	d Loan or o	exchange progr	rams					
b	Scholarly research	e 🗌 Other_							
C	Preservation for future generations								
4	Provide a description of the organization's collections	and explain how the	ey further the or	ganızation's ex	cempt pu	rpose in Part			
	XIII.								
5	During the year, did the organization solicit or receive	donations of art, his	torical treasure	s, or other sim	lar		_	_	_
	assets to be sold to raise funds rather than to be main		e organization's	collection?			<u> 🗆 </u>	/es _	No
Par	t IV Escrow and Custodial Arrangeme								
	Complete if the organization answe	red "Yes" on Fo	orm 990, Par	t IV, line 9,	or repo	orted an amo	unt on Fo	mc	
	990, Part X, line 21.								
1 a	Is the organization an agent, trustee, custodian or other	•					_	_	
		• • • • • • • •			· • • •		U 1	res L	_ No
Ь	If "Yes," explain the arrangement in Part XIII and com	plete the following t	able:						
						Aı	mount		
C		• • • • • • • •							
d	Additions during the year	• • • • • • • •			. 1d				
е	Distributions during the year	• • • • • • • •			. <u>1e</u>	<u> </u>			
f	Ending balance	• • • • • • • •			<u> 1</u> F	<u> </u>			
2a	Did the organization include an amount on Form 990,				-	• • • • •	⊔۱	res L	_ No
	If "Yes," explain the arrangement in Part XIII. Check h	ere if the explanation	on has been pro	wided on Part	XIII .	<u></u>	<u> </u>	<u> </u>	<u></u>
Par									
	Complete if the organization answe	red "Yes" on Fo	orm 990, Par	rt IV, line 10	<u>). </u>				
	(a)	Current year	(b) Prior year	(c) Two years	back	(d) Three years back	k (e) Fou	ır years ba	ack
1a	Beginning of year balance								
b	Contributions				}				
C	Net investment earnings, gains, and			ŀ					
	losses								
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance	<u>_</u>							
2	Provide the estimated percentage of the current year	end balance (line 1o	g, column (a)) h	eld as:					
a	Board designated or quasi-endowment	%							
b	Permanent endowment ▶ %								
C	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c should equal								
3a	Are there endowment funds not in the possession of	the organization tha	tare held and a	administered fo	r the				
	organization by:							Yes	No
	(i) unrelated organizations	• • • • • • •		• • • • • • •	• • • •	• • • • • • •	3a(i)	-	
	(ii) related organizations	• • • • • • •	• • • • • • •	• • • • • • •	• • • • •		3a(ii)	4	
Ь	If "Yes" on 3a(ii), are the related organizations listed a	•		• • • • • • •		• • • • • • •	<u>3b</u>		
4_	Describe in Part XIII the intended uses of the organiz	ation's endowment	funds.				_		
Pa	rt VI Land, Buildings, and Equipment				_				
	Complete if the organization answe	red "Yes" on Fo	orm 990, Pa	rt IV, line 11	la. See	Form 990, F	Part X, lin	<u>e 10.</u>	
	Description of property	(a) Cost or other bas	as (bo)Cost	or other basis	(c) A	Accumulated	(d) Bo	ok vatue	
		(investment)		(other)	de	preciation			
1a	Land								
b	Buildings								
C	Leasehold improvements	3,	832			1,491		2,3	341
d	Equipment	7,	330			2,628		4,7	702
_е	Other	27,	703			4,627		23,0	076
Tota	I. Add lines 1a through 1e. (Column (d) must equal F	orm 990, Part X, co	olumn (B), line	10c.)		▶		30,1	119

Schedute D (Form 990) 2017

THE JOYBUS INC

46-3188719

Page 2

46-3188719

Part VII	Investments - Other Securities Complete if the organization ans		IV, line 11b. See Form 990, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial	derivatives	• •	
(2) Closely-h	eld equity interests	• • •	
(3) Other			
(A)			
(B)			
(C)			
(D)			
_(E)			
_(F)			
(G)			
(H)			
) must equal Form 990, Part X, col. (B) line 12.)	•	
Part VIII	Investments - Program Related		
	Complete if the organization ans	wered "Yes" on Form 990, Part	IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets.	•	
rart IX		wered "Yes" on Form 990, Part	IV, line 11d. See Form 990, Part X, line 15.
		(a) Description	(b) Book value
(1)			
_(2)			
(3)			
(5)			
(6)			
_(7)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
(8)			
	nn (b) must equal Form 990, Part X, col. (B)	line 15.)	▶ │
Part X		wered "Yes" on Form 990, Part	t IV, line 11e or 11f. See Form 990, Part X,
1.	line 25. (a) Description of liability	(b) Book value	
	income taxes		
	TAX PAYABLE	1,314	1
(3) OTHER		8	
	OLL CHECKS	1,595	
(5)			1
(6)	197		
(7)	***		1
(8)			
(9)			
	n) must actual Form 000. Post V. col. (2) Fee 05 1	▶ 2.917	1
TOCAL (COLUMN (b	n) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,917	<u> </u>

	ule D (Form 990) 2017 THE JOYBUS INC	46-3188719	Page 4
Pa	Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
ь	Donated services and use of facilities		
c	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)	_	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	-	
C E			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
Pa	Reconciliation of Expenses per Audited Financial Statements With Expenses	per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1	
а	Donated services and use of facilities		
þ	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
e	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt XIII Supplemental Information.		
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4;	Part X. line	
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	•	
•	,,,,,,,,		
			··-
		······································	
		-	
			
			
	•		

THE JOYBUS INC

46-3188719

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instructions.

OMB No 1545-0047

2017

Open to Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Employer Identification number

walle of the organization					Liquoya ide	inication number
HE JOYBUS INC				·	46-31	
Part I Fundraising Activities	s. Complete if	the organi	zation and	swered "Yes" on	Form 990, Part IV,	line 17.
Form 990-EZ filers are no	-	_				
1 Indicate whether the organization rai				ities. Check all that ar	oply	
a Mail solicitations	-		_	of non-government gra		
b Internet and email solicitations				of government grants		
c Phone solicitations		9 🗀	Special fund	draising events		
d In-person solicitations						
2a Did the organization have a written of	or oral agreement	with any indiv	ridual (includ	ing officers, directors,	trustees,	_
or key employees listed in Form 990	, Part VII) or entity	in connectio	n with profes	ssional fundraising se	rvices? [] Y	es 📙 No
b If "Yes," list the 10 highest paid indivi	iduals or entities (fundraisers) į	oursuant to a	greements under who	ch the fundraiser is to b	B
compensated at least \$5,000 by the	organization.					
•	_					
	1	F. D. A.			(v) Amount paid to	6-23 4 4 24 4
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(II) ACIVITY		outions?	from activity	fundraiser listed in	organization
		ļ			col. (i)	ļ
		Yes	No			1
1		1	1			
		1	<u> </u>			
2						
			j		ı	
3	 		1			
•			ļ]
	 		 		L	
4		1				
				-		
5		1				
			1			
6						
			1			
7	 					
•			1			
	 		 			
8	ŀ	ŀ				
		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
9		ľ	1			
	}					
0						
_	}		1	1		
	-l·	_4				
			_			
otal				<u> </u>	L	L
3 List all states in which the organization	n is registered or	licensed to so	olicit contribu	rtions or has been not	ified it is exempt from	
registration or licensing.						
						
						
		·				
	·					
						
			···			
	<u></u>					
				· 		
					<u>. </u>	

Pa	irt H					
		than \$15,000 of fundraising		d gross income on Form	1990-EZ, lines 1 and 6b	. List events with
<u>·</u>		gross receipts greater than		T		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	cot (c))
9			(over type)	(orom type)	(total nonzory	
Revenue	1	Gross receipts				
ď						
	2	Less: Contributions		-		
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
s	_	Pentifacility costs				
92 88	6	Rent/facility costs	 -			
ixpe	7	Food and beverages				
Direct Expenses		•				
ă	8	Entertainment				
		Other disease sure				
	9	Other direct expenses		<u> </u>		
	10	Direct expense summary. Add lines	: 4 through 9 in column (d)			
	11	Net income summary. Subtract line				
Pa	rt II	Gaming. Complete if the c	rganization answered "	Yes" on Form 990, Part	IV, line 19, or reported	more
		than \$15,000 on Form 990	-EZ, line 6a.			
				•		
92			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enueve			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue	(a) Bingo		(c) Other gaming	
	1 2	Gross revenue	(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2		(a) Bingo		(c) Other gaming	
Expenses		Cash prizes	(a) Bingo		(c) Other gaming	
	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes		bingo/progressive bingo	(c) Other gaming	
Expenses	3 4 5	Cash prizes		bingo/progressive bingo	☐ Yes%	
Expenses	3	Cash prizes		bingo/progressive bingo		
Expenses	3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes% No	☐ Yes%	
Expenses	3 4 5	Cash prizes	☐ Yes%	bingo/progressive bingo Yes% No	☐ Yes%	
Expenses	3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes % ☐ No	
Expenses	3 4 5 6 7	Cash prizes	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	
Expenses	3 4 5 6 7 8 Em	Cash prizes	Yes % No 2 through 5 in column (d) tract line 7 from line 1, column	bingo/progressive bingo Yes % No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	3 4 5 5 6 7 8 Emilist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct g	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of	bingo/progressive bingo Yes % No No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	3 4 5 5 6 7 8 Emilist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct g	Yes % No 2 through 5 in column (d) tract line 7 from line 1, column	bingo/progressive bingo Yes % No No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
Direct Expenses	3 4 5 5 6 7 8 Emilist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct g	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of	bingo/progressive bingo Yes % No No mn (d)	☐ Yes % ☐ No	col. (a) through col. (c))
d a b	3 4 5 6 7 8 Emilist	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct g	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column conducts gaming activities in each of	bingo/progressive bingo Yes % No mn (d)	☐ Yes % No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Emilist If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct give explain: ere any of the organization's gaming income summary.	Yes % No 2 through 5 in column (d) ract line 7 from line 1, column conducts gaming activities in each of	bingo/progressive bingo Yes % No Mn (d)	☐ Yes % No	col. (a) through col. (c))
Direct Expenses	3 4 5 6 7 8 Emilist If "	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines Net gaming income summary. Subter the state(s) in which the organization licensed to conduct give explain: ere any of the organization's gaming income summary.	Yes% No 2 through 5 in column (d) tract line 7 from line 1, column conducts gaming activities in each of gaming activities in each of the column conducts gaming activities in each of the column conducts gaming activities in each of the column conducts gaming activities in each of the column conducts gaming activities in each of the column conducts gaming activities in each of the column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column column colum	bingo/progressive bingo Yes % No Mn (d)	☐ Yes % No	col. (a) through col. (c))

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MHE TOPPIE THE

➤ Attach to Form 990 or 990-EZ.

➤ Go to www.irs.gov/Form990 for the latest information.

Employer Identification number

46 2100710

1115 UVIBUS 18C [40-3100/19
01. Committee meeting documentation (Part VI, line 8b)
THERE ARE NO COMMITTEES
02. Form 990 governing body review (Part VI, line 11)
THE GOVERNING BODY REVIEWS THE FORM 990 PRIOR TO FILING
03. Conflict of interest policy compliance (Part VI, line 12c)
THE ORGANIZATION AT TWO BOARD MEETINGS PER YEAR QUERIED THE OFFICERS AND DIRECTORS.
04. CEO, executive director, top management comp (Part VI, line 15a)
COMPARABLE SALARIES WITH OTHER LIKE SIZE LOCAL ORGANIZATIONS WERE USED AS WELL AS THE
ANNUAL SALARY COMPARISON ANALYSIS COMPILED BY THE ASU LOADSTAR PROGRAM AS BENCHMARKS
05. Governing documents, etc, available to public (Part VI, line 19)
UPON REQUEST GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC
06. Significant program services not listed on prior year return (Part III, line 2)
The organization expanded its program revenue sources by opening a diner that not only
funds the meals provided to homebound cancer patients with its profits, provides a
commercial kitchen for its exempt purpose and caters to larger groups of its constituents
07. Explanation of other changes in net assets or fund balances (Part XI, line 9)
BEGINNING RETAINED EARNINGS RECONCILE NET ASSETS TO BALANCE SHEET